

1 ANTHONY P. CAPOZZI, CSBN 068525  
2 LAW OFFICES OF ANTHONY P. CAPOZZI  
3 1233 W. Shaw Avenue, Suite 102  
4 Fresno, CA 93711  
5 Telephone: (559) 221-0200  
6 Fax: (559) 221-7997  
7 E-mail: capozzilaw@aol.com

8 Attorney for Defendant,  
9 FREDRICH HERIBERT BELIUNAS

10  
11  
12 IN THE UNITED STATES DISTRICT COURT  
13 NORTHERN DISTRICT OF CALIFORNIA, SAN JOSE

14 \* \* \* \* \*

15 UNITED STATES OF AMERICA,

16 Plaintiff,

17 vs.

18 FREDRICH HERIBERT BELIUNAS,

19 Defendant.

20 Case No.: CR-F-06-00360 JW

21 STIPULATION AND PROPOSED ORDER  
22 TO CONTINUE SURRENDER DATE

23 SAN JOSE VENUE

24  
25 FREDRICH HERIBERT BELIUNAS, by and through his legal counsel, Anthony P.  
26 Capozzi, does hereby respectfully request an extension of time to at least March 10, 2008, in  
27 which to report to the Bureau of Prisons. The Defendant is currently scheduled to self-  
28 surrender on February 4, 2008 at 2:00 p.m.

Assistant United States Attorney, Susan Knight does not object to this request.

This request is made pursuant to the need to complete treatment and payment on an injury to Mr. Beliunas' hand. (See Medical Information – Attached hereto as Exhibit A).

1 Mr. Beliunas is requesting an opportunity to continue working for at least one month  
2 in order to pay for his medical treatment and to allow him to finish his treatment with his  
3 current doctor before he leaves to begin his sentence.

4  
5 Respectfully submitted,

6 DATED: January 28, 2008

7 /s/ Anthony P. Capozzi  
8 ANTHONY P. CAPOZZI,  
9 Attorney for Defendant

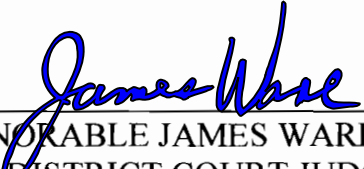
10 DATED: January 28, 2008

11 /s/ Susan Knight  
12 SUSAN KNIGHT,  
13 Assistant United States Attorney  
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**ORDER**

IT IS SO ORDERED. Good cause having been shown, the Defendant, FREDRICH  
HERIBERT BELIUNAS, is hereby granted an extension of time to report to the custody of  
the Bureau of Prisons and his new date to report shall be March 10,  
2008. at 2:00 PM

Dated: January 30, 2008

  
HONORABLE JAMES WARE  
U.S. DISTRICT COURT JUDGE

CC: 1/C USMS

**EXHIBIT A**

Albert B. Doornik, M.D.  
Allen B. Hershey, M.D.  
Timothy R. Heyne, M.D.  
Jeffrey A. Pratt, M.D.  
Bert G. Tardieu, M.D.  
James K. Ushiba, M.D.  
Willard B. Wong, M.D.

ORTHOPEDIC SURGERY  
SPORTS MEDICINE  
SPINE SURGERY  
JOINT REPLACEMENT  
FOOT AND ANKLE RECONSTRUCTION  
HAND AND UPPER EXTREMITY SURGERY

January 16, 2008

Re: BELIUNAS, Friedrich  
332 Raker Street  
Salinas, CA 93901

To Whom It May Concern:

Mr. Beliunas was seen in the emergency room on January 14, 2008, in the evening. At that time, it was recognized that he had an infection of the right hand which was progressive and there was concern for deep infection involving tendon and possibly the joint. It was determined that he would benefit from surgical washout of the abscess which had formed from a work-related injury with a large splinter piece. At the time of surgery, a splinter fragment measuring approximately 3-cm in length and approximately 2-mm in diameter was extricated from the wound which was then enlarged and explored. The patient was given intravenous antibiotics and placed on oral antibiotics. He will need to be followed closely over the next couple of weeks for wound evaluation to ensure healing.

Should you have any questions or concerns, please feel free to contact me.

Sincerely,

Jeffrey Pratt, M.D., MPH  
Precision Orthopedics, Hand and Upper Extremity Surgery  
240 San Jose Street  
Salinas, CA 93901

Phone# 831-4842829

[www.precision.md](http://www.precision.md)

240 San Jose Street, Salinas, CA 93901 • (831) 757-3041 • Facsimile (831) 757-4612

# **FRED BELIUNAS GENERAL CONTRACTOR**

**LIC. #642251**

## **RESIDENTIAL & COMMERCIAL**

**REMODELS & ADDITIONS \* NEW CONSTRUCTION**

**ALL TYPES OF CARPENTRY \* REPAIR \* CONCRETE WORK AND SAW CUTTING**

**JACK HAMMERING \* SANDBLASTING**

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Your Honor

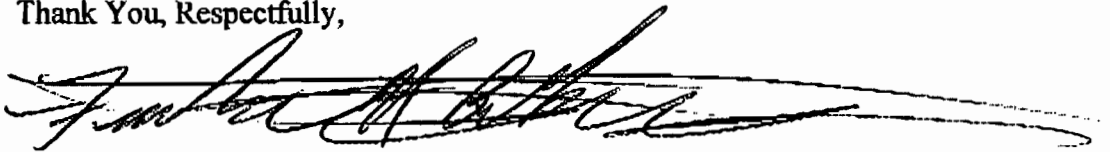
January 21, 2008

U.S. Attorney

Re: Friedrich H. Beliunas

I am ordered to turn myself in on 2/4/08. I am requesting a 30 day extension to this order due to a work related accident that after 5 days required surgery for a progressive infection in my right hand. I want to be sure that it is completely healed. I am self employed and I did not renew my health insurance. My estimated costs for all medical procedures is \$4500.00, I've paid \$1500.00. I will also be able to pay the balance of this bill which is my responsibility with the 30 day extension.

Thank You, Respectfully,



Friedrich H. Beliunas

**332 RIKER STREET SALINAS, CA 93901**  
**OFFICE (831) 771-1658 CELL (831) 809-8806**

1/14/08

## INFORMATIONAL REFERENCE

- Professional fees are not included in the Hospital bill.
- You may be billed for the following:

*Records*

**\* Physician Emergency services:**

*maria* ER11393780  
Salinas Valley Emergency Medical Group  
(Cypress Healthcare Partners)  
100 Wilson Rd, Suite #100  
Monterey, Ca 93940 (831) 649-1000

**\* Diagnostic Imaging:**

*maria U. 796-3740 XT117*  
Salinas Valley Radiology  
559 Abbott St  
Salinas, Ca 93901 (831) 424-8041  
(For Appointments)  
Business Office  
627 Brunken Ave  
Salinas, Ca 93901 (831) 796-3740

**\* PFT Screening:**

Drs. Rinderknecht & Klein  
1055 Los Palos Dr.  
Salinas, Ca 93901 (831) 757-2058

**\* Laboratory:**

Salinas Pathology Services  
535 E. Romie Ln, Unit #11  
Salinas, Ca 93901 (831) 758-1223

**\* Anesthesiology:**

*Debbie U7*  
Cypress Coast Anesthesiology  
P.O. Box 28160  
Fresno, Ca 93729 (800) 585-0877

**\* Ambulance:**

West Med Ambulance  
Billing (877) 328-2275  
Fax: 209-966-2634

**\* Hospitalist:**

Billing Office (831) 649-1000  
Supplemental Provider Services, Inc  
P.O. Box 41761  
Philadelphia, PA 19101-1761

*SVR*

ACCOUNT NO	AMOUNT DUE	DATE
PT0015944	280.00	01/17/08

FRIEDRICH H BELIUNAS  
332 RIKER ST  
SALINAS, CA 93901

← Detach Here →

Statement of: FRIEDRICH H BELIUNAS  
Account Number: PT0015944  
Statement Date: 01/17/08

PRECISION ORTHOPEDICS  
240 SAN JOSE STREET  
SALINAS, CA 93901

DATE	* DESCRIPTION/LOCATION	TOTAL AMOUNT	INS BALANCE	PATIENT BALANCE
01/16/08	POST OP FU VISIT INCLUDED IN GLOBAL FEE / P	0.00		
01/16/08	PAYMENT, SELF PAY CASH	-250.00		
	TOTAL			-250.00
01/15/08	OFFICE CONSULTATION DETAILED	275.00		
	TOTAL			275.00
01/15/08	DRAINAGE OF SKIN ABSCESS, SIMPLE OR SING	255.00		
	TOTAL			255.00

\* ITEMS MARKED WITH AN ASTERISK HAVE BEEN  
BILLED TO YOUR INSURANCE COMPANY

PATIENT BALANCE: 280.00  
INSURANCE BALANCE: 0.00  
TOTAL ACCOUNT BALANCE: 280.00

FOR BILLING & INSURANCE INFORMATION PLEASE CALL 831-757-3331

\*PLEASE PAY "PATIENT PORTION" OF ACCOUNT BALANCE\*

PATIENT AGED	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS+	TOTAL
BALANCES:	280.00					280.00

THE BALANCE DUE IS YOUR RESPONSIBILITY. PLEASE MAIL PAYMENT IN FULL TODAY.



H11393780 BELIUNAS, FRIEDRICH H

BCH	DATE	BCH	SER	DATE	USER	PROCEDURE	BL#	DESCRIPTION	AMOUNT	TOTAL
01/15/08	140	01/14/08	ITALEM			13100047		EXPANDED PROBLEM/COMPLEX	1119.35	1119.35
01/15/08	139	01/14/08	ITALEM			41004185		FINGER	212.50	1331.85
01/15/08	144	01/15/08	ITALEM			04090292		BACITRACIN 50,000U VIAL (2X)	297.50	1629.35
01/15/08	144	01/15/08	ITALEM			04091884		POLYMXIN B SULF 500,000U VIAL (2X)	216.50	1845.85
01/15/08	144	01/15/08	ITALEM			04830105		BUPIVACAINE 0.25% 30ML	64.27	1910.12
01/15/08	141	01/15/08	ITALEM			08872686		CULT BACTERIAL: WOUND W ISO	248.55	2158.67
01/15/08	141	01/15/08	ITALEM			08920419		SURGICAL PATH GROSS LEVEL I	44.10	2202.77

End of report. Press <Return>

Estimated Charges

2 OPAT

LASTNAME: BELIUNAS FIRSTNAME: FRIEDRICH II

LOCATION: SS  
DOB: 05/02/61  
AGE: 46

ACCOUNT NO: N00318179  
DATE: 01/14/08  
TIME IN: 1855  
ROOM: 7-36  
TIME OUT: 20:00

Chief Complaint: (R) finger splinter x 5dys

HOME PHONE 831-771-1658

NEW [ ] ENGLISH [ ] SPANISH [ ] OTHER [ ]

BP 138/98 RESO P 97.1 HT WT 232 PAIN 4 (1-10) MA

DOCTORS ON DUTY  
GREENFIELD URGENT CARE  
SALINAS URGENT CARE

History of Present Illness:

As above.

Past Medical History:

Family History:

OBJECTIVE:  
GENERAL  
HEENT:

NECK:  
COR:

CHL:

CHEST/BREAST:  
ABDOMEN:

BACK:

UPPER/LOWER EXT:

SKIN:

NEURO:

GU  
OTHER:

ASSESSMENT:

PLAN/TREATMENT:  
X-RAY/NO.

1. Discussed in call  
2. Ortho or Pratt -  
3. pt to go to ER

FOLLOW-UP:  
REFERRAL [ ]

P.T. DATE

SPECIALIST DATE

SUBJECTIVE--  
REVIEW OF SYSTEMS--

	WNL	ABNL
CONSTITUTIONAL	[ ]	[ ]
EYES	[ ]	[ ]
EENT	[ ]	[ ]
CARDIOVASCULAR	[ ]	[ ]
RESPIRATORY	[ ]	[ ]
GASTROINT	[ ]	[ ]
GENITOURINARY	[ ]	[ ]
MUSCULOSKELETAL	[ ]	[ ]
INTEGUMENTARY	[ ]	[ ]
NEUROLOGIC	[ ]	[ ]
ENDOCRINE	[ ]	[ ]
HEMO/LYMPHATIC	[ ]	[ ]
ALLERGIC/IMMUNE	[ ]	[ ]
PSYCHIATRIC	[ ]	[ ]

Habits:  
Smokes Y ☒ N ☐  
ETOH: ☒ N ☐

MEDS/TX

ALLERGIES

NKDA

TETANUS HX:

VISUAL ACUITY:

Right: / Correct: /

Left: / Correct: /

Both: / Correct: /

Visual field: ☒ Normal ☐ Abnormal

VIS given [ ]

Date of VIS: / /

CALL BACK

Date: / /

[ ] No answer [ ] Same

[ ] Improved [ ] Worse

Comments: /

LAB SERVICES:

1. WBC -

2. aerobes +

3. anaerobes.

PHYSICIAN

OGUCHI NKWOCHA, MD

DOCTORS ON DUTY  
P.O. BOX 2300  
SALINAS, CA 93902-2300  
831-649-1000

ACCOUNT NO	AMOUNT DUE	DATE
N00318179	0	01/14/08

FRIEDRICH H BELIUNAS 05/02/61  
SALINAS, CA 93901  
CARPENTERS 563452070

DIAGNOSES 11993.0

SERVICE DATE	DOCTOR	DESCRIPTION	CHARGE	PAYMENT	CPT	DIAGNOSIS
01/14/08	Nkwocha, Oguchi H MD	OFFICE VISIT-ESTABLISHED PAT CASH PAYMENT THANK YOU	142.00	142.00	99214	1
01/14/08	Nkwocha, Oguchi H MD	SERVICES PROVIDED IN AN URGE CASH PAYMENT-THANK YOU	10.00	10.00	99088	1
01/14/08	Nkwocha, Oguchi H MD	ROCEPHIN 250 MG PER UNIT CASH PAYMENT-THANK YOU	168.00	168.00	IROC2	1
01/14/08	Nkwocha, Oguchi H MD	SUBQ/IM INJ THERAPEUTIC, DIAG CASH PAYMENT-THANK YOU	84.00	84.00	90772	1
01/14/08	Nkwocha, Oguchi H MD	SPECIMEN HANDLING CASH PAYMENT-THANK YOU	30.00	30.00	99000	1
01/14/08	Nkwocha, Oguchi H MD	SERVICES AFTER 6PM/WEEKEND/H CASH PAYMENT THANK YOU	35.00	35.00	99051	1
01/14/08	Nkwocha, Oguchi H MD	DOXYCYCLINE / VIBRAMYCIN 100 CASH PAYMENT THANK YOU	15.00	15.00	ODOXY	1

TOTAL CHARGE: 484.00  
TOTAL PATIENT PAYMENT: 484.00

\*\* THIS IS AN INVOICE FOR TODAY'S SERVICES ONLY  
\*\* IT IS NOT A COMPLETE STATEMENT OF YOUR ACCOUNT

1989

DATE OF SERVICE:

01/14/2008

DATE OF DICTATION:

01/15/2008

TIME OF VISIT:

2300 HOURS

CHIEF COMPLAINT:

Right swollen index finger.

HISTORY OF PRESENT ILLNESS:

This is a 46-year-old male who presents to the Emergency Department with a right swollen index finger, he has had for the past five days. He has a splinter in his finger which he cannot get out. He was initially seen at Doctors on Duty and was referred here to the ER for OR evaluation. The doctor there spoke with Dr. Pratt who is expecting him here in the hospital. The patient states that it has been getting more swollen and painful. At Doctors on Duty, the patient was given Rocephin and doxycycline. The patient is here for evaluation. He states it hurts when he bends his finger. He does not think it is in the joint line, but he is not sure. He states no other health history such as hypertension, asthma, or diabetes. He has no regular doctor and is currently taking no medications, other than the medications that were given prior to his arrival, the Rocephin and the doxycycline. He has a wound culture that was brought from the office that he has with him.

SOCIAL HISTORY:

He does smoke. He denies drug or alcohol use. He works as a carpenter.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: There has been no weight loss.

HEENT: No complaints of headache.

CHEST: Denies any cough, wheezing, shortness of breath.

ABDOMEN: Denies any vomiting, nausea, abdominal pain, dysuria, or diarrhea.

NEUROLOGIC: No seizures or history of paresthesias or extremities.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature: 97.6, pulse: 80, respiratory rate: 16, blood pressure: 134/95.

GENERAL: Otherwise a well-nourished, 46-year-old male here for evaluation of finger injury.

SALINAS VALLEY MEMORIAL  
HEALTHCARE SYSTEM  
450 E. Romie Lane  
Salinas, CA

PAT: BELIUNAS, FRIEDRICH H  
MR#: H0545581 ACCT#: H11393780  
ADM: 01/14/08 LOC/RM:  
PROVIDER: Fajardo, Eric T MD

\*\*\* EXTENDED EMERGENCY ROOM REPORT \*\*\*

Patient Care Inquiry \*\*LIVE\*\* (PCI: OE Database SAV)

Run: 01/18/08-14:22 by MARCERON, VICKI

Page 1 of 2

14 / 9 # : 15592217997

: 01-22-08-22:15

SKIN: Warm, moist, and pink. No rashes seen.  
HEENT: Head in the midline, normocephalic and atraumatic.  
LUNGS: Lung fields clear.  
HEART: Normal rate. No murmurs, rubs, or clicks.  
ABDOMEN: Soft, supple, nontender. Normal bowel sounds.  
RIGHT INDEX FINGER: Shows swelling and erythema at the DIP joint.  
No other signs of injury or trauma noted. X-ray of the finger  
does show what appears to be a foreign body that does show up on  
x-ray in the respected area of the erythema and edema.

EMERGENCY DEPARTMENT COURSE:

Evaluation of the patient: Found to have a foreign body to the  
right index finger and joint line as stated above. I spoke with  
Dr. Pratt, who comes in to evaluate the patient. The patient is  
to go to OR for foreign body removal.

DIAGNOSIS:

Right index finger with foreign body and underlying cellulitis  
secondary to the foreign body.

PLAN:

The patient is to be admitted to the OR.

DD: 01/15/2008 @ 00:45

DT: 01/15/2008 @ 02:24

Clinton R. Pearl, P.A.

Eric T. Fajardo, M.D.

TMT - #1989 99079469

Pearl, Clinton R PA

(electronically signed) 01/18/08

0705

Fajardo, Eric T MD

SALINAS VALLEY MEMORIAL  
HEALTHCARE SYSTEM  
450 E. Romie Lane  
Salinas, CA

PAT: BELIUNAS, FRIEDRICH H  
MR#: H0545581 ACCT#: H11393780  
ADM: 01/14/08 LOC/RM:  
PROVIDER: Fajardo, Eric T MD

\*\*\* EXTENDED EMERGENCY ROOM REPORT \*\*\*

Patient Care Inquiry \*\*LIVE\*\* (PCI: OE Database SAV)

Run: 01/18/08-14:22 by MARCERON, VICKI

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# 14 / 10 : 15592217997 : 01-22-08:22:15

DATE OF PROCEDURE:

01/15/2008

SURGEON:

Jeffrey A. Pratt, M.D.

ASSISTANT SURGEON:ANESTHESIOLOGIST:

Sergio D. Estrada, M.D.

ANESTHESIA:

Local with sedation.

PREOPERATIVE DIAGNOSIS:

Right index finger infection.

POSTOPERATIVE DIAGNOSIS:

Right index finger infection.

OPERATION PERFORMED:

Right incision and drainage wash out of index finger.

ESTIMATED BLOOD LOSS:

Minimal.

IV FLUIDS:

Crystalloid.

COMPLICATIONS:

None.

DISPOSITION:

To PACU.

SPECIMEN:

Splinter.

INDICATIONS:

The patient is a 46-year-old male with a history of finger infection from work related injury where a splinter was injected into the finger developing over four to five days with increasing pain indicated for intervention.

INFORMED CONSENT:

I, the undersigned physician, hereby certify that I have

SALINAS VALLEY MEMORIAL  
HEALTHCARE SYSTEM  
450 E. Romie Lane  
Salinas, CA 93901

PAT: BELIUNAS, FRIEDRICH H  
MR#: H0545581 ACCT#: H11393780  
ADM: 01/14/08 LOC/RM:  
PROVIDER: Pratt, Jeffrey A MD

## \*\*\* OPERATIVE REPORT \*\*\*

Patient Care Inquiry \*\*LIVE\*\* (PCI: OE Database SAV)

Run: 01/18/08-14:21 by MARCERON, VICKI

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discussed the procedure described in the consent form with this patient (or the patient's legal representative), including:

- . The nature of the operation or procedure, including the surgical site and laterality if applicable;
- . The risks, benefits or effects of the procedure;
- . Any adverse reactions that may reasonably be expected to occur;
- . Any alternative efficacious methods of treatment which may be medically viable and their associated benefits or effects, and their possible risks and complications;
- . The potential problems that may occur during recuperation;
- . The likelihood of achieving treatment goals; and
- . Any research or economic interest I may have regarding this treatment;
- . Any limitations on the confidentiality of information learned from or about the patient.

DESCRIPTION OF OPERATION:

The patient was identified in the Emergency Room by his own account and medical records, the right index finger was identified as the operative site. The patient underwent informed consent with risks, benefits and alternatives discussed to include but not limited to infection, bleeding, injury to artery, nerve or tendon.

The patient was taken to the operating theater where anesthesia established conscious sedation. Patient was given a localized block after sterilization of the skin with 25% Marcaine, 2% lidocaine. Patient was prepped and draped in standard surgical fashion. Attention was turned to the index finger where a midline incision was made on either side of the area of concern. Just prior to initiation the patient physically squeezed the finger and the splinter, approximately 3 cm in length and caliber approximately .5 mm to a 1 mm was expelled. The incision was carried through the skin down to the level of the superficial fascia and down to the level of the flexor tendon following the tract of the infection. Once this was opened up and the area was irrigated with 4 liters of fluid with Polymyxin bacitracin fluid. Once irrigation was complete, and the skin around the sinus tract was d bridged and excised the ends of the wound were closed and a Penrose drain was placed deep and sutured to the skin. Sterile dressing applied.

CONDITION AT COMPLETION OF PROCEDURE:

The patient was gently woken and taken to Recovery Room in stable condition having tolerated the procedure well.

COUNTS:

All counts were correct at the end of the case.

(electronically signed)

DD: 01/15/2008 @ 01:26

SALINAS VALLEY MEMORIAL  
HEALTHCARE SYSTEM  
450 E. Romie Lane  
Salinas, CA 93901

PAT: BELIUNAS, FRIEDRICH H  
MR#: H0545581 ACCT#: H11393780  
ADM: 01/14/08 LOC/RM:  
PROVIDER: Pratt, Jeffrey A MD

\*\*\* OPERATIVE REPORT \*\*\*

Patient Care Inquiry \*\*LIVE\*\* (PCI: OE Database SAV)

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41 12/14 : 155952217997 : 01-22-08-22:15

DT: 01/15/2008 @ 12:35  
lg - #1051226 00414691

Jeffrey A. Pratt, M.D.

Pratt, Jeffrey A MD

(electronically signed)

01/17/08

1336

**SALINAS VALLEY MEMORIAL  
HEALTHCARE SYSTEM**  
450 E. Romie Lane  
Salinas, CA 93901

PAT: BELIUNAS, FRIEDRICH H  
MR#: H0545581 ACCT#: H11393780  
ADM: 01/14/08 LOC/RM:  
PROVIDER: Pratt, Jeffrey A MD

\*\*\* OPERATIVE REPORT \*\*\*

Patient Care Inquiry \*\*LIVE\*\* (PCI: OE Database SAV)

Run: 01/18/08-14:21 by MARCERON, VICKI

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15592217997

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# 14/ 14

